MISSOURI ETHICS COMMISSION COMMITTEE DISCLOSURE REPORT COVER PAGE

COMMITTEE	CS COMMISSION DISCLOSURE REPORT COV	ER PAGE			1. DATE OF REPORT	OFFICE USE ONLY
INSTRUCTIONS ON REVERS	SE SIDE		M.E.C. ID NO			
2. FULL NAME OF COMMITTEE			3. COMMITTEE MAILING ADDRESS		4. COMMITTEE TELEI	PHONE NUMBER
5. TREASURER'S NAME			6. TREASURER'S MAILING ADDRESS	S	7. TREASURER'S TEL HOME: WORK:	EPHONE NUMBER
8. DEPUTY TREASURER'S NAME	CHECK IF NO DEPUTY TREASO	JRER	9. DEPUTY TREASURER'S MAILING	ADDRESS	10. DEPUTY TREASU NUMBER HOME: WORK:	RER'S TELEPHONE
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE)		13. TIME PERIOD COVERED BY THIS		D BY THIS STATEMENT	
	☐ PRIMARY	☐ GENERAL		FROM	THROUGH	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT,POLITICAL SUBDIVISION AND POLITICAL PARTY		NE, 15. TYPE OF REPOR	T:	☐ SEMIANNUAL DEB	T REPORT	
				☐ JAN 15 ☐ JULY	´ 15	
			ORE ELECTION TER ELECTION	☐ COMMITTEE QUAR JAN 15 APRIL ☐ ☐		OCT 15

☐ ANNUAL SUPPLEMENTAL, JAN 15 ☐ 15 DAYS AFTER PETITION DEADLINE ☐ CHECK IF INCUMBENT ☐ AMENDING PREVIOUS REPORT DATED _____ - ____ - 20 ____ REPUBLICAN ☐ DEMOCRAT

16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY)

☐ 15 DAY AFTER CAUCUS NOMINATION ☐ TERMINATION (ATTACH FORM CO-3)

I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE.

TREASURER'S SIGNATURE CANDIDATE'S SIGNATURE

COMMITTEE DISCLOSURE REPORT COVER PAGE INSTRUCTIONS

PURPOSE: Form CD includes the Cover Page, Summary Page and numbered CD Forms. Form CD is used for reporting the receipts and disbursements of a committee as required by the Campaign Finance Disclosure Law. NOTE: Supplemental CD Forms are printed separately from this packet and may be obtained from the Missouri Ethics Commission or your appropriate officer.

CONTENT OF FORM:		Item 11:	Enter the date of the election for which the report is being filed.		
Item 1:	Enter the date the report is submitted.	Item 12:	Check the correct box for the type of election for which the		
Item 2:	Enter the full name of the committee as reported on the		report is being filed.		
	Statement of Organization (Form CO-1).	Item 13:	Enter the opening and closing dates of the period covered by this report.		
Item 3:	Enter the committee's mailing address (if any).				
Item 4:	Enter the committee's telephone number (if any).	Item 14:	Candidate committees only: List the name of the candidate, address, phone, the office they are seeking, the political subdi-		
Item 5:	Enter the full name of the committee treasurer.		vision, and political party affiliation.		
Item 6:	Enter the committee treasurer's full mailing address.	Item 15:	Check the appropriate box indicating the type of report you		
Item 7:	Enter the treasurer's home and business telephone numbers.		committee is filing.		
Item 8:	Enter the full name of the deputy treasurer (if any).	Item 16:	The treasurer must sign this report.		
Item 9:	Enter the deputy treasurer's full mailing address.	Item 17:	Candidate committees only: The candidate must sign the report.		
Item 10:	Enter the deputy treasurer's home and business telephone		·		

numbers.